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SUBJECT/MESSAGE:

Revocation of Power of Attorney and Change of Correspondence Address

Attorney Docket No.:	LSN-5
Application No. :	09/348,618
Filing Date :	July 6, 1999
Applicant :	John E. Larson
Art Unit :	3636

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PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/348,618
Filing Date	July 6, 1999
First Named Inventor	John Larson
Art Unit	3836
Examiner Name	
Attorney Docket Number	LSN-5

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

46271

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

46271

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

John E. Larson

Date

Jan 30th 2006

Telephone

(408) 363-3804

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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